bone is considered (Hamilton, Rose, Sayre), to give good results, but possibly the cases have not been observed long enough. In flat-foot no inconvenience can follow even though an ankylosis forms, as in a case given by R. Otherwise, however, trouble may follow. In an 18-year-old-girl, Riedel exsected the head of the metatarsal on both sides. For a few months she could walk fairly well. Severe pain in the planta pedis then came on, and the heads of the remaining metatarsal bones became more and more prominent (on the sole). At the end of a year walking even with a stick was very tedious. The heads of the remaining eight metatarsi had to be removed. Fortunately this resulted in giving her neat little feet on which, the year since, she has been able to walk, dance, etc., free from pain.

Reverdin, in four cases, chiselled off the median exostosis and then removed a wedge of bone back of the metatarsal head. Riedel, in four cases, has had satisfactory results by a simpler plan. He removes the exostosis from the I-metatarsal, and the base of the I-phalanx. At the same time he smoothes the metacarpal head somewhat. The other toes remain somewhat abducted and the remainder of the first toe conforms slightly in this respect, but the good use of the foot is not interfered with.—*Centbl. f. Chirg.* 1886. No. 44.

WM. BROWNING (Brooklyn).

GENITO-URINARY ORGANS.

I. On Removal of Tumors of the Bladder, with Four Cases. By J. GREIG SMITH, M. A., M. B. For the removal of tumors from the bladder in the female, incision of meatus and outer two-thirds of the urethra with dilatation of the remaining portion of the tube and vesical neck is recommended, in preference to dilatation of the whole canal.

The author claims for this method greater ease in carrying out the necessary manipulations, and less risk of subsequent incontinence. He recommends that the urethral wound should be sutured and no catheter left in the bladder.

For the removal of growths from the male bladder he considers

supra-pubic cystotomy the best proceeding. The operation is facilitated by dilatation both of the rectum and of the bladder. Garson's bag in the rectum is distended with water by means of a Higginson's syringe, the bladder is dilated after the incision through the abdominal wall has been made, whilst the surgeon's finger rests upon it, by the elevation of an irrigator attached by a long rubber tube to a soft catheter in the bladder. Distention is maintained by placing the irrigator on the same level as the bladder. In this manner it becomes unnecessary to ligature the penis. Accurate closure of the incision both in the bladder and abdominal well is enjoined.—*Brit. Med. Jour.* June 19, 1886.

II. The Surgical Treatment of Stone in the Bladder. By WM. CADGE, F. R. C. S. In the course of three most able lectures the author formulated the following conclusions on the above subject:

1. In children, litholapaxy should be more adopted than has hitherto been the custom.

2. In male children, when the stone is at all large, the supra-pubic will probably prove safer than the perineal incision.

3. In female children, litholapaxy should be the rule for small stones and the high operation for all large ones.

4. In adult females, litholapaxy, or dilatation and extraction should be adopted for stones of moderate size, vaginal lithotomy for those somewhat larger, and the high operation for large ones.

5. In adult males, litholapaxy should be the rule for stones up to an ounce or an ounce and a half; above this, lateral or possibly supra-pubic lithotomy. Supra-pubic for all stones weighing over three ounces.

In the aged the same rules apply when the organs are healthy, but when the prostate is large and the bladder atonic, supra-pubic lithotomy until its success or failure is demonstrated.—*Brit. Med. Journ.*, June 19th, 26th, and July 3d., 1886.

III. On the Nature of the So-Called "Hypertrophy of the Prostate." By Sir HENRY THOMPSON. This enlargement of

the prostate giving rise to more or less retention of urine is liable to come on at or after 54 years of age. As only a small minority are affected by it, it is not to be considered a necessary concomitant of old age. Indeed, if it does not manifest its presence before the age of 60, it but rarely gives rise to trouble afterwards.

The following table, which excludes malignant and inflammatory affections of the gland, is given :

PROSTATIC ENLARGEMENT OF ADVANCING YEARS.

A. Over development of tissues glandular and stromal, mostly in normal proportions throughout. This may be regarded as true hypertrophy.	A less common form of eolargement than others. The degree of eolargemeot less coosiderable than others.	Oo section the secretion abundant. Coocretions numerous.
B. Increase of stromal tissue, but due chiefly to over-developmeot. of the white fibres, not of the unstriped muscle. The original secretiog structure may still exist or may have diminished in quantity. This form may be regarded as a "fibrous-hyperplasia," rather than as a general hypertrophy. If the pale muscular element is developed in like proportion, the term, fibro-muscular hyperplasia might be applied.	The most commoo form and attains the most considerable size.	On section the secretion appears accordiog to the amouot of glaod tissue preseot; it is mostly smaller than in health. A few concretions.
C. Excess of glandular tissues over stromal. This may be elassed as glandular hyperplasia.	Rare.	Secretion, abundant; Coocretions olso.
D. Prearrangement of normal structures fibrous and glandular, in the form of tumour.	Commoo.	

Brit. Med. Journ., Juoe 19, 1886.

IV. Electrolysis for the Treatment of Urethral Strictures. By P. J. Hayes, F. R. C. S. Edin. (Dublin). In a small pamphlet, the author gives his experience of electrolysis, which appears satisfactory as far as it goes. Four cases are recorded, two of them being still under treatment, but in both these cases progress was

being made. One case is put down as a failure, *i. e.* at the first and only attempt, the stricture did not yield before the electrode. We would here remark that this seems to us an over-hasty decision, for the failure may have been due either to the size of the electrode or to the weak galvanic current, for no means of estimating the strength of current seems to have been used in this or, indeed, in any of the cases, or to the short duration of the séance which Mr. Hayes recommends to be of about five minutes duration.

The remaining case, being the first of the series, was so much benefited in eighteen days that whereas before the application of electrolysis, no instrument could be passed, at the end of that time No. 11. bougie, English, was passed. Whether the good effect in this case was due entirely, or in part, to electrolysis must be a matter of doubt, for this method was supplemented by the passage of bougies in quick succession.

The author, however, recognizes his mistake, and remarks further on: "Once electrolysis has been found suitable for overcoming the persistence of a stricture, other treatment becomes certainly superfluous and probably injurious."

F. S. EDWARDS (London).

"Nephrolithotomy." By CHARLES F. PICKERING. F. R. C. S. In this case the patient had suffered for some fifteen years from symptoms of renal calculus, though he was but 23 years of age. Lately the symptoms had become worse. He suffered from pain and tenderness in the region of the right kidney, the pain shooting down into the right testicle, and he had passed gravel with his water from time to time. Albumen was constantly present and a small amount of pus. The usual posterior incision was made, and a hard spot felt in the kidney, which was punctured with a needle, and the stone found at once. It was removed with a pair of dressing forceps. The stone was about the size of an ordinary plum-stone. The patient was practically well in eight days. *Brit. Med. Journ.*, 1886. Vol. II. p. 860.

VI. "Nephrectomy by Abdominal Section." By Mr. CULLINGWORTH. The size and character of the abdominal swelling

seemed to warrant the idea that the tumour was ovarian; on incision it proved to be renal and a large amount of thick grumous material was evacuated. The left ovary being diseased was removed at the same time. The patient made a somewhat prolonged recovery owing to the fact that a lumbar abscess formed from which was discharged some fæces and the ligatured pedicle. Tumour sarcomatous in nature.—*Brit. Med. Jour.*, 1886. Vol. II. P. 823.

W. Bruce Clarke (London).

VII. Case of Supra-Pubic Lithotomy. Socin and Keser. A boy of 14 years, had suffered for six years from urinary troubles. In operating, the rectum was first tamponaded. The peritoneum remained intact. Permanent catheterization. The bladder and abdominal wound were sewed up except for the drainage-tube. The calculus weighed 67 gr. All drainage removed on fourth day. First passed water by the urethra on the eleventh day. Fistula closed by the sixteenth day. The boy was discharged at the end of three weeks. A week later readmitted, much of the urine again coming out through a small fistula at the lower end of the cicatrix. Local cauterization; rest in bed. He was kept three and one-half weeks this time—the opening being then definitely closed.— *Jahrsbrcht. d. Spitals zu Basel f.* 1885.

VIII. Fistula from Supra-Pubic Puncture of the Bladder. Such a case is reported by Socin and Keser as having been admitted into their clinic. An abscess of the belly-wall had developed. This was incised, a catheter left in the urethra and the bladder regularly washed out. Cure. The case was complicated by an enlarged prostate and a large hydrocele.—*Jahrsbrcht. d. Spital zu Basel f.* 1885.

IX. Rupture of the Bladder. Socin and Keser. This was in man of twenty years. It was caused by a fall of 10 m. from a tree Retention of urine. On catheterization bloody fluid was drawn off. Hiccough, spontaneous pains, and pressure sensitiveness in the lower abdominal region developed. Laparotomy the following day. A tear,

admitting tip of index finger, was found in the front bladder-wall. The rupture had remained extraperitoneal. The edges of the tear were stitched to the abdominal wall. Drainage of the space between bladder and symphysis. The bladder was washed out through the artificial fistula and the urethra. Drain-tube and catheter were removed on the ninth day; cure. The case was complicated by dislocation of the left elbow and fracture of the radius.—*Jahrsbrcht.d. Spitals zu Basel f.* 1885.

BONES, JOINTS, ORTHOPÆDIC.

I. Osteoplastic Operation for Hydrorrhachis (Spina Bifida). By Dr. J. DALLINGER (Budapest). The idea that complete treatment of this trouble would necessitate closure of the vertebral cleft had been previously suggested (König), and in one case (by Mayo Robson, of Leeds, 1883) an unsuccessful attempt had been made at closing such a fissure in a child of 6 days by means of periosteum from a rabbit.

D.'s case was that of a girl who at birth had a soft, nut-sized, red spot in the mid-lumbar region. This grew with the child. Extremities at first normal. Incontinence of urine and feces by the end of the first year. Walked for a while at two years of age. The sack had then been punctured and a small quantity of fluid withdrawn, but to no purpose. When five years old, D. found the tensely-filled tumour 36 cm. in circumference. The enlargement was non-pulsatile, but compressible without the production of nervous symptoms. Walking scarcely possible. Club-foot on both sides and slight knee-contracture from spastic condition of foot and knee flexors.

Since the sack had a broad base he did not try injections. Thirty grms. of clear fluid were drawn off without any reaction. A week later 150 grms. were removed, the sack relaxing. For some time after this, in the supine position, urine could be retained, and the spasm of lower extremity muscles ceased. In two days the sack was again full and the symptoms returned. After another week puncture repeated with like temporary improvement. An operation seemed warrantable. The sack was slit up. Its inner wall was continuous with the spinal